

INSTRUCTIONS FOR DEVELOPING THE BUDGET FOR DISEASE PREVENTION AND HEALTH PROMOTION PROGRAM

Please use the following instructions to complete the electronic *Budget*. The worksheet has been protected to preclude changes to key fields/cells except for designated areas which shall be completed by the Contractor. The form automatically performs all necessary calculations and validations. Please note: Contractor shall complete the applicable sections in order to accurately reflect the Services to be provided for the Fiscal Year. When working with calculations, any additional information other than whole numbers will often create mathematical variances therefore, **please refrain from using formulas or decimals.**

PART I - BUDGET FOR DISEASE PREVENTION AND HEALTH PROMOTION PROGRAM SERVICES (DPHP)

PAGE 1 OF 6

Cover Sheet: Please provide all requested information as indicated in the [blue font](#). Once the Fiscal Year, Contractor's Legal Name, and Contract Number have been entered as indicated, the information will automatically generate on all pages of the workbook.

1. **Enter the Fiscal Year:** Enter the Fiscal Year onto the appropriate line at the top of the page.
2. **Enter Contractor's Legal Name:** Enter Contractor's full legal name onto the appropriate line at the top of the page. Please do not abbreviate. The name listed must match the name on the Articles of Incorporation, Business License, Charter, or By-Laws.
3. **Enter Contract Number:** Enter the Contract Number onto the appropriate line at the top of the page. Please reflect the Contract Number as it is noted on the Contractor DPHP award letter.
4. **Main Administrative Office Address:** Enter the address of the authorized signatory onto the appropriate line as indicated.
5. **City/Zip Code/Fax Number:** Enter the City, Zip Code, and Fax Number on the appropriate line as indicated. The State information has already been provided on the form and cannot be changed.
6. **Mailing Address:** This address should be entered if the Main Administrative Address and Mailing Address are different. If the Main Administrative office and the Mailing Address are the same, please delete the default (blue font) language and include "Same As Above" on the mailing address line.

7. **Prefix:** Enter the appropriate prefix.
8. **Official Authorized to Sign for the Contractor:** Enter the administrator authorized through the board resolution to sign on the appropriate line as indicated. A board resolution will be required prior to contract execution.
9. **Job Title:** Enter the title of the authorized signatory. Please abbreviate the job title if the title does not fit in the cell.
10. **Phone Number/Ext.:** Enter the phone number and extension of the Official Authorized to Sign for Contractor. Note: For the phone number, enter only numbers with no spaces, hyphens, parenthesis or any additional characters (i.e., 2223334444).
11. **E-Mail Address:** Enter the email address of the Official Authorized to Sign for Contractor.
12. **Prefix:** Enter the appropriate prefix for the Primary/Secondary Contact.
13. **Primary/Secondary Contact for Program:** Enter the Primary/Secondary Contact for the Program.
14. **Job Title:** Enter the title of the Primary/Secondary Contact. Please abbreviate the job title if the title does not fit in the cell. This person is considered the Project Manager (see Exhibit A (Statement of Work) Section 6.3 (Project Manager). County will only contact the Secondary Contact in cases where the authorized signatory is not available.
15. **Phone Number/Ext.:** Enter the phone number and extension of the Primary/Secondary Contact. Note: For the phone number, enter only numbers with no spaces, hyphens, parenthesis or any additional characters (i.e., 2223334444).
16. **E-Mail Address:** Enter the email address of the Primary/Secondary Contact.

Program Funding Summary Chart: This Chart will provide an overall summary of the total funding reflected on the corresponding pages of the budget document. Include information for the Chart as follows:

1. **Column A Supervisorial District:** This Column is locked as it is intended for the Contractor to use as a reference in completing the Chart.

2. **Column B Proposed Grant Funds:** Include the proposed amount of Grant Funds that Contractor plans to expend for each Supervisorial District.
3. **Column C Match:** Include the total proposed amount of Cash and/or In-Kind Match amount Contractor will add towards the DPHP Program (Program) for each Supervisorial District. *(For a definition of Match, see Contract Exhibit P (Definitions)).*
4. **Column D Non-Match:** Include the total proposed amount of Cash and/or In-Kind Non-Match amount Contractor will add towards the Program for each Supervisorial District. *(For a definition of Non-Match, see Contract Exhibit P (Definitions)).*
5. **Column E Program Income:** Include the total proposed amount of Program Income Contractor will add towards the Program for each Supervisorial District. *(For a definition of Program Income, see Contract Exhibit P (Definitions)).*
6. **Column F Total Funding:** This Column is locked. The Form will calculate all program funding entered within the Form to provide a sum of total funding for each Supervisorial District and an overall Grand Total.

PAGE 2 OF 6

Budget Summary: This form is intended to be a summary of all costs for the Program for Fiscal Year of 2016-2017. This summary shall reflect the totals for each Cost Category as reflected on the following pages of 3 of 6 to 6 of 6.

The Cost Categories noted on the form represent the areas of cost Contractor may reflect its expenses for operating the Program.

Include the data for Program costs (i.e., expenditures for operating the Program) and funding for each Supervisorial District as follows:

1. Please include the costs of Cash and/or In-Kind for each Supervisorial District for each Cost Category as listed (Personnel, Consultants/Sub-contractors, Space, Equipment or Materials, Training and Other Costs). The form will total the amounts of each Cost Category for Cash and/or In-Kind under the column titled Total Budget. The form will also calculate the Total Direct Costs of each Cost Category for each category for each Supervisorial District.
2. **Indirect Costs:** Please enter the total amount of Cash and/or In-Kind for each Supervisorial District for Indirect Costs. Indirect Cash is capped at 10% of the Proposed Grant Funds. Any Indirect costs that exceed the 10% administrative cap may be used as a Match.

All Indirect Costs must be supported by an approved Indirect Cost rate (federal cognizant agency or CSS) and the Cost Allocation Plan. *(For more information regarding the Cost Allocation Plan, please refer to Appendix P (Cost Allocation and Indirect Cost Requirements for CSS Subawards)).*

The form will calculate the Total Program Costs of Cash and/or In-Kind of each Cost Category and the Indirect Costs for each Supervisorial District.

3. Enter the amount of revenue of Cash and/or In-Kind necessary to operate the Program for each of the following categories: Match, Non-Match, and/or Grant Related Income *(see Appendix C (Sample Contract) Exhibit P (Definitions)).*
4. **Match Met/Match Not:** This area is designed to test whether the amount of Match entered meets the minimum Match requirement. When the appropriate amount of Match is entered, a message will appear on screen as "Match Met". If the Match is not met, a message will appear on screen as "Match Not Met" and the Contractor will need to provide additional Match contributions.

The form will calculate the Total Funding of Cash and/or In-Kind to operate the Program. The form will also calculate the GRAND TOTAL for each Supervisorial District.

NOTE: Contractor shall ensure there is no remaining Variance on the form when all costs have been added to the form. If Variances result on the form after cost data has been added, Contractor shall adjust the costs to ensure there is no Variance.

PAGE 3 OF 6 **Personnel**

1. Please complete as follows:
 - a. **Position Titles:** Enter the title of each staff member who will work on the Program. Abbreviate the job title if the title does not fit in the cell.
 - b. **Column (A) - No. of Employees:** Enter the number of employees for each position identified with similar pay and percentage of time.
 - c. **Column (B) - % of Time on Program:** Enter the percentage of time the employee(s) will spend working on the Program. Use a separate line to report this information if the percentage of time will vary for employees with the same title.

- d. **Column (C) – Monthly Salary:** Enter the total monthly salary for this position. Do not enter hourly rates. Estimate the Monthly Salary if the employee is paid by an hourly wage.
- e. **Column (D) – No. of Months:** Enter the number of months the employee will be paid under the Program (not to exceed 12 months).

Column (E) – Annual Salary: This Column is locked. The total will be calculated automatically. Please note all preceding cells must have data entered before calculations in this Column will work.

- f. **Column (F) – Proposed Grant Funds:** Enter the amount of the Proposed Grant Funds that will be used to fund the annual salary for this position.
- g. **Column (G) – Match (Cash/In-kind):** Enter the amount of Match in the form of either Cash or In-kind contributions that will be used to fund the annual salaries for each employee that will work on the Program.
- h. **Column (H) – Non-Match (Cash/In-kind):** Enter the amount of Non-Match in the form of either Cash or In-kind contributions that will be used to fund the annual salaries for each employee that will work on the Program.
- i. **Column (I) – Grant Related Income:** Enter the amount of Grant Related income that will be used to fund the annual salaries for each employee that will work on the Program.

Column (J) – Budget: This Column is locked. The total budget for each employee that will work on the Program should equal Column (E) – Annual Salary.

Column (K) – Variance: This Column will display variances between columns (E) Annual Salary, and (J) Budget. Contractor shall ensure there are no Variances.

- j. **Taxes:** Highlighted in yellow (Lower left-hand corner). Enter the total percentage representing payroll taxes. Please note: Columns (E) and (J) must be equal.
- k. **Benefits:** Highlighted in yellow (Lower left hand corner). Enter the total percentage representing employee benefits. Please note: Columns (E) and (J) must be equal.

The form will calculate the GRAND TOTAL of each employee for the Annual Salary (Column E), Proposed Grant Funds (Column F), Cash Match and In-Kind Match (Column G), Cash Non-Match and In-Kind Non-Match (Column H), and Grant Related Income (Column I).

The GRAND TOTAL of Personnel cost shall equal the same amount as reflected on the Budget Summary (Page 2 of 6).

PAGE 4 OF 6

Volunteers & Consultants/Sub-contractors

1. **Volunteers:** Enter the job title(s) of the volunteer(s). The title(s) of the volunteer(s) should be commensurate with the wage being reported. The total volunteer/wage equivalent detail cost must be listed on Line 1 (Personnel) on the Budget Summary as In-Kind.

Enter the following data:

- a. **Column (A)** - No. of Volunteers
- b. **Column (B)** - % of Time on Program
- c. **Column (C)** – Salary Equivalent
- d. **Column (D)** – No. of Months (not to exceed 12 months)

Column (E) – Annual Salary Equivalent - This column is locked. It will calculate Columns A – D and provide the Annual Salary equivalent.

- e. **Column (G)** – Match/In-Kind
- f. **Column (H)** – Non-Match/In-Kind

Column (J) – This column is locked. It will calculate Columns E, G, and H and provide the Budget amount for Volunteers.

Column (K) – Variance: This column will display variances between columns (E) Annual Salary Equivalent, and (J) Budget. Contractor shall ensure there are no Variances.

The TOTAL cost of Volunteers shall equal the same amount as reflected on the Budget Summary (Page 2 of 6).

2. **Consultants/Sub-contractors:** Enter the type of Consultants and/or Sub-contractors that will be utilized during the Fiscal Year. NOTE: For all Consultants

and/or Subcontracts utilized by Contractor, Contractor must submit the Sub-contractor agreement to CSS prior to the start of Services for approval (see *Appendix C (Sample Contract) Section 8.40 Subcontracting*). Complete the Columns as follows:

- a. **Column (A) – Unit Cost:** Enter the actual negotiated rate of each listed Consultant/Sub-contractor Contractor plans to utilize in support of Program operations. The Unit Cost must be as reflective of the actual cost as possible. Although costs may differ from month to month, please provide the best estimated Unit Cost possible.
- b. **Column (B) – Number of Units:** Enter the estimated or agreed reimbursement schedule/rate per month. For example, if you are paying for Services bi-weekly, then the costs should be reflected as: Agreed unit Cost/Rate of Reimbursement x 2 (for the number of times your agency will reimburse the Subcontractor for one month) x 12 months.
- c. **Column (C) – Number of Months:** Enter the number of months (not to exceed 12 months).

Column (D) – Total Cost: This Column is locked. The Column will calculate Columns A – C for the Total Cost. **NOTE:** Numeric values must be entered in Columns (A), (B), and (C) in order for Column (D) to calculate automatically.

- d. **Column (E) – Grant Costs:** Enter the amount of the Proposed Grant Funds that will be used for Consultant/Sub-contractor costs.
- e. **Column (F) – Match (Cash/In-kind):** Enter the amount of the Contractor's Match in the form of either Cash or In-kind contributions that will be used for Consultant/Sub-contractor costs.
- f. **Column (G) – Non-Match (Cash/In-kind):** Enter the amount of the Contractor's Non-Match in the form of either Cash or In-kind contributions that will be used for Consultant/Sub-contractor costs.
- g. **Column (H) – Grant Related Income:** Enter the amount of proposed Grant Related Income that will be used for Consultant/Sub-contractor costs

Column (I) Budget: This Column is locked. This Column will calculate columns E – H. This amount should equal column (D) Total Costs.

Column (J) – Variance: This Column will display variances between Columns (D) Total Cost, and (I) Budget. Contractor shall ensure there are no Variances.

The TOTAL cost of Consultants/Sub-contractors shall equal the same amount as reflected on the Budget Summary (Page 2 of 6).

PAGE 5 OF 6
Space/Training/Equipment

1. **Space** – Enter the location of the Space wherein Program or administrative services will be provided. Complete the Columns as follows:
 - a. **Column (A) Unit Cost:** Enter the cost per square foot. This amount must be a fair market value and supported by documentation.
 - b. **Column (B) Number of Units:** Enter the total square footage of Space being used for the Services.
 - c. **Column (C) – The Number of Months:** Enter the number of months (not to exceed 12 months).

Column (D) - Total Cost: This Column is locked. The Column will calculate Columns A – C.

- d. **Column (E) – Proposed Grant Funds:** Enter the amount of the Proposed Grant Funds that will be used for Space costs.
- e. **Column (F) – Match:** Enter the amount of the Contractor's Match in the form of Cash or In-kind contributions that will be used for Space costs.
- f. **Column (G) – Non-Match (Cash):** Enter the amount of the Contractor's Non-Match in the form of Cash contributions that will be used for Space costs.
- g. **Column (H) – Grant Related Income:** Enter the amount of proposed Grant Related Income that will be used for Space costs.

Column (I) – Budget: This Column is locked. The Column will calculate Columns E – H. This amount should equal Column (D) Total Cost.

Column (J) – Variance: This Column will display variances between Columns (D) Total Cost, and (I) Budget. Contractor shall ensure there are no Variances.

The TOTAL cost of Space shall equal the same amount as reflected on the Budget Summary (Page 2 of 6).

2. **Training:** In the space provided, enter the training sessions that will be conducted for employees. Complete the Columns as follows:

- a. **Column (A) – Unit Cost:** Enter the cost per training session. The unit cost must be as reflective of the actual costs as possible. Although costs may differ from month to month, please provide the best estimated cost possible.
- b. **Column (B) – Number of Units:** Enter the number of training session to be conducted for the Fiscal Year.
- c. **Column (C) – Number of Months:** Enter the number of months (not to exceed 12 months).

Column (D) – Total Cost: This Column is locked. The Column will calculate Columns A – C.

- d. **Column (E) – Proposed Grant Funds:** Enter the amount of Proposed Grant Funds that will be used to provide the training sessions.
- e. **Column (F) – Match (Cash/In-kind):** Enter the amount of the Contractor's Match in the form of either Cash or In-kind contributions that will be used towards the training sessions.
- f. **Column (G) – Non-Match (Cash/In-kind):** Enter the amount of the Contractor's Non-Match in the form of either Cash or In-kind contributions that will be used to towards the training sessions.
- g. **Column (H) – Grant Related Income:** Enter the amount of proposed Grant Related Income that will be used towards the training sessions.

Column (I) - Budget: This Column is locked. The Column will calculate Columns E – H. This amount should equal Column (D) – Total Cost.

Column (J) – Variance: This Column will display variances between Columns (D) Total Cost, and (I) Budget. Contractor shall ensure there are no Variances.

The TOTAL cost of Training shall equal the same amount as reflected on the Budget Summary (Page 2 of 6).

3. **Equipment:** In the space provided, enter equipment items that will be purchased for use in program operations. Complete the Columns as follows:

- h. **Column (A) – Unit Cost:** Enter the cost per unit. The unit cost must be as reflective of the actual costs as possible. Although costs may differ from month to month, please provide the best estimated cost possible.
- i. **Column (B) – Number of Units:** Enter the number of items to be purchased.
- j. **Column (C) – Number of Months:** Enter the number of months (Not to exceed 12 months).

Column (D) – Total Cost: This Column is locked. The Column will calculate Columns A – C.

- k. **Column (E) – Proposed Grant Funds:** Enter the amount of Proposed Grant Funds that will be used to purchase the equipment item(s).
- l. **Column (F) – Match (Cash/In-kind):** Enter the amount of the Contractor's Match in the form of either Cash or In-kind contributions that will be used to purchase the equipment item(s).
- m. **Column (G) – Non-Match (Cash/In-kind):** Enter the amount of the Contractor's Non-Match in the form of either Cash or In-kind contributions that will be used to purchase the equipment item(s).
- n. **Column (H) – Grant Related Income:** Enter the amount of proposed Grant Related Income that will be used to purchase the equipment item(s).

Column (I) Budget: This Column is locked. The Column will calculate Columns E – H. This amount should equal Column (D) – Total Cost.

Column (J) – Variance: This column will display variances between Columns (D) Total Cost, and (I) Budget. Contractor shall ensure there are no Variances.

The TOTAL cost of Equipment shall equal the same amount as reflected on the Budget Summary (Page 2 of 6).

PAGE 6 OF 6

Other Cost Detail: For each cost category (i.e., Accounting Services, Advertising, Audit Services, etc.) complete each that applies.

Mileage and Additional Other Cost Categories:

Mileage must be calculated by the cost per mile and the estimated number of miles. The cost per mile can't exceed the AAA approved unit rate which is currently .54 cents per mile.

Contractor may add additional Other Cost Categories if needed in the remaining rows of the Other Costs Detail.

- a. **Column (A) Unit Cost:** The unit cost must be as reflective of the actual costs as possible. Although costs may differ from month to month, please provide the best estimated cost possible.
- b. **Column (B) Number of Units:** Enter the number of items to be purchased or services to be used in support of the Program.
- c. **Column (C) Number of Months:** Enter the number of months (not to exceed 12 months).

Column (D) Total Cost: This Column is locked. The Column will calculate Columns A – C.

- d. **Column (E) Proposed Grant Funds:** Enter the amount of the Proposed Grant Funds that will be used to purchase the items or services.
- e. **Column (F) Match (Cash/In-kind):** Enter the amount of the Contractor's Match in the form of either Cash or In-kind contributions that will be used to purchase the items or services.
- f. **Column (G) Non-Match (Cash/In-kind):** Enter the amount of the Contractor's Non-Match in the form of either Cash or In-kind contributions that will be used to purchase the items or services.
- g. **Column (H) Grant Related Income:** Enter the amount of proposed Grant Related Income that will be used to purchase the items or services.

Column (I) Budget: This Column is locked. The Column will calculate Columns E – H. This amount should equal column (D) Total Cost.

Column (J) – Variance: This Column will display variances between Columns (D) Total Cost, and (I) Budget. Contractor shall ensure there are no Variances.

The TOTAL cost of Other Cost shall equal the same amount as reflected on the Budget Summary (Page 2 of 6).

Indirect Costs:

Please note that Contractors can only charge 10% of the Proposed Grant Funds to the Program. Indirect Cash is capped at 10% of the Proposed Grant Funds. Any Indirect costs that exceed the 10% administrative cap may be used as a Match. All Indirect Costs must be supported by the Cost Allocation Plan submitted by Contractor. *(For more information regarding the Cost Allocation Plan, please refer to Appendix P (Cost Allocation and Indirect Cost Requirements for CSS Subawards)).*